

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 6/26/07

Supp-L  
SS

1070377  
SCANNED

JUL 26 2007

By: LM

1. NAME CORMIER MAXINE MI  
Last First MI

2. BUSINESS PHONE 225 761-5007

3. BUSINESS ADDRESS P.O. Street and No. City State Zip

MAILING ADDRESS P.O. Box 4625 Baton Rouge, LA 70821  
Street and No. City State Zip

4. EMPLOYER \_\_\_\_\_

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Advantage Capital Management  
Address 909 Poydras - New Orleans, LA 70112  
Business or purpose investing in Louisiana small businesses

☒ New Representation

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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## SUPPLEMENTAL REGISTRATION FORM

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Melanie Carrier  
Signature of Lobbyist